

Chapter 2

Security Assistance Training Program Medical and Dental Requirements and Policies

This chapter contains clarification of the medical and dental requirements for International Military Students (IMS) and their authorized family members. Also included is information on communicable disease, immunizations, medical screenings, records and reporting.

A. Prerequisites

1. The medical and dental requirements set forth in paragraphs 10-46a and b of the Joint Security Assistance Training (JSAT) Regulation are considered prerequisites for participation in the Security Assistance Training Program (SATP). Additional medical and dental requirements for special courses, i.e. flight, ranger, deep sea diving, patient care, etc. are provided in course prerequisites. The home country is responsible for providing students in good physical and mental health, which meet the prerequisites of the program and comply with the laws and federal regulations of the United States. Cost associated with corrective medical and dental procedures to qualify the student for training will be borne by the home country.
2. Title 8 USC, Aliens and Nationality (INA), as amended, Section 1182, Inadmissible Aliens, states that any alien who is determined (in accordance with regulation prescribed by the Secretary of Health and Human Services) to have the following conditions is ineligible to receive a visa and ineligible to be admitted to the United States.
 - a. A communicable disease of public health significance,
 - b. To have a physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to property, safety, or welfare of the alien or others, or
 - c. To have a physical or mental disorder and a history of behavior associated with the disorder, which behavior is likely to recur or to lead to other harmful behavior, or
 - d. Who is determined to be a drug abuser or addict.
 - e. At the Attorney General's discretion, after consultation with the Secretary of Health and Human Services, individual waivers may be granted under such terms, conditions and controls, if any, as he/she determines, including the giving of a bond.¹² Individual waiver applications are filed on form I-602 with the Center for Disease Control through the servicing consulate. No provisions are made for waivers of the medical examination requirement.

B. Physical Examinations

1. Before an Invitational Travel Order (ITO) can be issued to an IMS, the Security Assistance Office (SAO) must receive a signed statement from a **competent medical and dental authority** stating that the IMS has received a thorough physical examination within the three preceding months. The **medical** statement is also required for family members before they can be authorized on the ITO.³
2. The scope of the examination shall include any laboratory or additional studies that are deemed necessary, either as a result of the physical examination or pertinent information elicited from the alien's medical history, for the examining physician to reach a conclusion about the presence or absence of a physical or mental abnormality, disease, or disability.⁴ No provisions are made for

¹ 8 USC 1182, subsection (g)

² 8 CFR 212.4

³ **Paragraph 10-46b of the JSAT**

⁴ **42 CFR 34, Medical Examination of Aliens**

waiver of these requirements with exception of those addressed in paragraph 2h below. Physical examination should include, but not be limited to:

- a. A medical history.
 - b. A mental examination.
 - c. A chest X-ray except as provided for in paragraph 2h.
 - d. Serologic testing for **syphilis** and for serologic evidence of **Human Immunodeficiency Virus (HIV)** except as provided for in paragraph 2h.
 - e. Sputum smear examination for **Tuberculosis**.
 - f. Other test or studies necessary to identify communicable diseases (see Section C).
 - g. Necessary examination and test to certify that IMS meets any special medical requirements listed in prerequisites of the course IMS is scheduled to attend.
 - h. Exceptions. Neither a chest X-ray examination nor serologic testing for syphilis and HIV shall be required if the alien is under the age of 15. Provided that a tuberculin skin test shall be required if there is evidence of contact with a person known to have tuberculosis or other reason to suspect tuberculosis, and a chest X-ray examination shall be required in the event of a positive tuberculin reaction, and serologic testing where there is reason to suspect infection with **syphilis** or **HIV**.
3. Dental examination should certify that the IMS meets any dental requirements for the course of instruction and has no tooth or bone decay, oral disease or infection that will require treatment during training.
 4. The certification required in paragraphs B1, medical certification, and B3, dental certification, above would also state that the individual has received the complete immunization prescribed by the U.S. Public Health Service (PHS), as approved by the World Health Organization (WHO) and is free of communicable disease. Certification from any source other than a competent medical and dental authority is not acceptable.
 5. If a medical or dental defect exists that will not prevent successfully participation in the scheduled course of instruction the Invitational Travel Order (ITO) must be annotated in item 14 Special Conditions.⁵ Failure to do so may lead to an adverse situation for the IMS.
 6. Information on special physical examination as prescribed in the course prerequisites can be found in the course prerequisites. All physical examination documents accompanying the student as a condition for participation in training must be in English.
 7. If the IMS or family members have an existing medical or dental condition that does not prevent the IMS from training or the family member from traveling, that condition must be listed on the ITO Block 14, Special Conditions/Remarks.

C. Communicable Diseases

1. There are many U.S. Codes, federal regulations and policies^{6,7,8} that prevent the introduction and transmission of diseases into the United States. IMS and their family members must be in compliance with the requirements of these United States Codes, Code of Federal Regulations. Individuals arriving in the United States are subject to the restrictions and penalties set forth in these codes and regulations. Although these diseases may not deny the IMS from training, it can deny him/her from entering the United States. Applicants must be free of the below listed diseases. Presence of any of these diseases would prevent medical certification for an IMS or family member, and would render them ineligible to obtain a Visa or enter the United States.

⁵ Paragraph 10-46a of the JSAT

⁶ 8 USC 1182 Inadmissible Aliens

⁷ 42 CFR 34 Medical Examination of Aliens

⁸ Department of State 9 Foreign Affairs Manual 40.11 N6 INA 212(A)(1)a(i), Communicable Disease

- a. Chancroid
 - b. Cholera or suspected cholera
 - c. Gonorrhea
 - d. Granuloma Inguinale
 - e. Hansen's Disease (leprosy), infectious
 - f. Human Immunodeficiency Virus (HIV) Infection
 - g. Lymphogranuloma Venereum
 - h. Plague
 - i. Suspected viral hemorrhagic fevers (Lassa, Marburg, Ebola, Congo-Crimean, and other not yet isolated or named)
 - j. Suspected smallpox
 - k. Syphilis, infectious state
 - l. Tuberculosis, infectious
 - m. Yellow Fever
2. If the IMS is physically in the United States and is diagnosed with one of the following diseases, they must remain in that geographical location until cleared free of the disease or cleared by the United States Public Health Services Surgeon General for travel⁹. The community health nurse at the local medical facility is required by law to notify the IMS and will inform the IMSO of the interstate requirements. Those diseases are:
- a. Anthrax
 - b. Cholera
 - c. Dengue
 - d. Infectious encephalitis
 - e. Favus
 - f. Meningococcus meningitis
 - g. Plague
 - h. Poliomyelitis
 - i. Psittacosis
 - j. Relapsing fever
 - k. Ringworm of the scalp
 - l. Scarlet fever
 - m. Smallpox
 - n. Streptococcal sore throat
 - o. Trachoma
 - p. Typhoid Fever
 - q. Typhus
 - r. Yellow fever
3. **Hepatitis B** and **Buruli Ulcer** do not appear in Title 8 USC, Title 21CFR or Title 42 CFR they are communicable diseases and would come under the requirements in paragraph 10-46a of the JSAT.
4. Current listing and information of communicable diseases can be obtained from the World Health Organization [http://www.who.int/home/map ht.html](http://www.who.int/home/map_ht.html) and the U.S. Centers for Disease Control <http://www.cdc.gov/>.

D. Immunizations

1. Immunizations are preventive medicine measures utilized for the control of communicable disease. Most disease. Most diseases preventable by vaccine are more easily transmitted when people are congregated in close environments, i.e. airplanes, schools, church, public events, etc. As of this

⁹ 21 CFR, Food and Drugs, Part 1240, Control of Communicable Diseases, Subpart C, Restrictions of Travel, Sections 1240.40, 1240-50, 1240.54, and 1240-55

writing, IMS are **required** to have a Yellow Fever vaccination if they are coming from or traveling through a yellow fever endemic country. If the IMS is participating in medical training, they are also required to have a Hepatitis B vaccination¹⁰.

2. It is DoD policy that the general recommendations of the PHS, as established by the CDC, shall be followed.¹¹ This policy is implemented in a joint publication, which provides that foreign nationals under Armed Forces sponsorship receive all immunizations required for entry into the U.S., and by local jurisdictions. When returning to their country of origin, foreign nationals receive immunizations required by international health regulations of their country of origin. Both the joint publication and the recommendation for immunizations for children from the CDC can be located in Appendix G. Although the immunizations listed in paragraphs 2b(1) and (2) below are not required for entry in the United States it is highly recommended as good health practice that all individuals receive the immunizations listed.
 - a. A current listing of those countries known to have **Yellow Fever** are found in the CDC Blue Sheet <http://www.cdc.gov/travel/blusheet.htm>. IMS from and traveling through these countries will require the Yellow Fever Immunization.
 - (1) Yellow Fever initial vaccination is valid not less than 10 days or more than 10 years from date of immunization (incubation period 5 days). Yellow Fever revaccination done within 10 years of the first vaccination is valid immediately.
 - (2) Children under 1 year of age are exempt from Yellow Fever vaccinations.
 - (3) Yellow Fever immunization must be done in a WHO approved laboratory.
 - b. Participants in health care training have a significant risk for acquiring or transmitting vaccine preventable diseases. The CDC strongly recommends immunizations as an element of personnel health service for infection control. Students reporting for training should have their Immunization Record. Students reporting without an Immunization Record may be subject to processing through the preventive medicine authority/occupational health clinic for verifying serologically the immune status of the IMS and document tuberculosis status by the Mantoux method. Immunizations required or recommended prior to reporting are:
 - (1) **Hepatitis B**
 - (2) **Measles**
 - (3) **Mumps**
 - (4) **Rubella**
 - (5) **Polio**
 - (6) **Tetanus-Diphtheria**
 - (7) **Varicella (Chickenpox)**
 - (8) **Influenza** during the influenza season extending from October through March is also recommended.
 - (9) In addition to the above recommendations IMS participating in animal care training should be immunized for **Rabies**.
3. All 50 of the United States have laws requiring immunization for entry to school. Authorized family members that will be attending school will need proof of immunizations. Immunization against **diphtheria, measles, poliomyelitis, and rubella** is now required for entry to school. Additionally, most states require immunization for **tetanus, pertussis, and mumps**. Some have added **Hepatitis B** and the requirement for a **Mantoux Test** for tuberculosis.
4. All IMS and family members must bring their immunization record (in English) with them. This will ensure that immunizations required for certain training, entry to public schools and return to home

¹⁰ DoD Health Affairs (HA) Policy 97-06

¹¹ **Air Force Joint Instruction 48-110, Army Regulation 40-562, BUMEDINST 6230.15, CG COMDTINST M6230.4E), Immunizations and Chemoprophylaxis**

country are recorded and will prevent duplication of immunizations. A statement from a physician or the SAO is not acceptable. The WHO immunization record booklet is the vaccination certificate or document accepted and approved by all United Nation member countries. This booklet is available from local health organizations and international airlines.

E. Medical Screenings

1. Paragraph 100404 of the Security Assistance Management Manual (SAMM) and 10-39 of the JSAT exempts IMSs from medical examinations and any mandatory urinalysis and blood-screening programs other than those required as a prerequisite of the course. Only those IMS reporting for courses with special physical examination requirements, i.e. flight training, deep sea diving, ranger, special operations, etc. that do not have the required physical will be given physical examination to meet the special requirement. Cost of these examinations to meet the prerequisites of a course will be born by the country. They are not chargeable to the International Military Education and Training Program (IMETP).
2. Under no circumstances should training facilities establish a requirement for all IMS reporting for training to automatically receive a physical examination.
3. Any indication or evidence of alcohol or drug abuse, or a debilitating or communicable disease found in medical screenings as a prerequisite of the course or subsequent to IMS reporting for Sick Call should be reported to the Military Departments (MILDEPs).
4. Procedures provided in paragraphs 10-39a and b of the JSAT dealing with IMS diagnosed with a potentially debilitating illness, communicable disease or have been diagnosed, as HIV positive should be followed.

F. Medical Records and Reporting

1. Medical Records of IMS and their authorized family members should be treated as confidential. Only personnel with a need to know shall have access to the records.
2. When complying with the reporting requirements outlined in the JSAT the individual's privacy must be safeguarded. Reporting should never include the individual's name, only the country IMET year or FMS case designator, and Work Control Number (WCN).
3. Reporting of medical conditions must be based on the diagnosis and prognosis of the servicing medical/dental authority.

Medical Check List

IMS and Family Members

Chest X-ray¹²

Sputum Smear Examination

Serological Test¹³

(For Syphilis and for serologic evidence of Human Immunodeficiency Virus (HIV))

Other Test or Studies

(To ensure individual is free of Communicable diseases to include)

Anthrax

Buruli Ulcer

Chancroid

Cholera (or suspected cholera)

Dengue

Favus

Gonorrhea

Granuloma Inguinale

Hansen's Disease (leprosy), infectious

Hepatitis B

Infectious encephalitis

Lymphogranuloma Venereum

Meningococcus meningitis

Plague

Poliomyelitis

Psittacosis

Relapsing Fever

Ringworm of the scalp

Scarlet Fever

Streptococcal sore throat

Suspected smallpox

Suspected viral hemorrhagic fevers

(Lassa, Marburg, Ebola, Congo-Crimean, and other not yet isolated or named)

Trachoma

Typhoid Fever

Yellow Fever

Mental Health Screening

(Screening for known mental disorder or behavior associated with a mental health disorder)

¹² Not required under the age of 15, provided that a tuberculin skin test shall be required if there is evidence of contact with a person known to have tuberculosis or other reason to suspect tuberculosis, and a chest X-ray examination shall be required in the event of a positive tuberculin reaction.

¹³ Not required under the age of 15 unless there is reason to suspect infection with syphilis or HIV.

Special Medical Requirements

(Necessary examinations and test to certify that
IMS meets any special medical requirements listed
In prerequisites of the courses IMS is scheduled
To attend)

(Attach Special Medical Requirements)

IMMUNIZATIONS (Bring Immunization Record)

Required

Yellow Fever¹⁴

(If coming from or traveling through the countries of Angola, Benin, Bolivia, Brazil, Burkina Faso, Cameroon, Colombia, Democratic Republic of Congo, Colombia, Ecuador, French Guyana, Gabon, Gambia, Ghana, Guinea, Liberia, Nigeria, Peru, Sierra Leone, Sudan, and Venezuela.)

Required for Medical and Dental Training¹⁵

*Hepatitis B (3 doses over 14 weeks)

*Measles/Mumps/Rubella (one dose)

*Polio (OPV) (4 doses over 14 weeks)

*Diphtheria, Pertussis & Tetanus (DPT) (3 doses over 14 weeks)

Varicella (Chickenpox) (2 doses over 4 weeks)

Influenza (one dose)

(During influenza season October-March)

Tuberculosis (one dose)

Rabies (3 doses over 5 weeks)

(IMS participating in animal care training
only)

*Required for enrollment in U.S. Public Schools

The immunizations identified with asterisks plus a Mantoux test for tuberculosis are required for enrollment in U.S. Public Schools.

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| <h2>Dental Certification</h2> |
|-------------------------------|

IMS ONLY

Oral examination has been performed. No caries, infection or oral disease exists.

¹⁴ Information obtained from the CDC Travel Information Blue Sheet <http://www.cdc.gov/travel/blusheet.htm>

¹⁵ Recommended for all as a good health practice.

Center for Disease Control Technical Instruction for Physical Examination

This Technical Instruction provides instructions to physicians examining non-immigrant visa applicants outside the United States. It implements 8 USC 1182 and 42 CFR 34.

MEDICAL HISTORY AND PHYSICAL EXAMINATION

A. SCOPE OF THE EXAMINATION

The purpose of the visa medical examination is to determine whether the alien has 1) a physical or mental disorder (including a communicable disease of public health significance or drug abuse/addiction) that renders him or her ineligible for a visa (Class A condition); or 2) a physical or mental disorder that, although not constituting a specific excludable condition, represents a departure from normal health or well-being that is significant enough to possibly interfere with the person's ability to care for himself or herself, or to attend school or work, or that may require extensive medical treatment or institutionalization in the future (Class B condition).

1. The visa medical examination requires

- a. a medical history, obtained by the panel physician or a member of the physician's professional staff, from the applicant (preferably) or a family member, which includes
 - 1) a review of all hospitalizations
 - 2) a review of all institutionalization's for chronic conditions (physical or mental)
 - 3) a review of all illnesses or disabilities resulting in a substantial departure from a normal state of well-being or level of functioning
 - 4) specific questions about psychoactive drug and alcohol use, history of harmful behavior, and history of psychiatric illness not documented in the medical records reviewed and
 - 5) a review of chest radiographs and treatment records if the alien has a history suggestive of tuberculosis
- b. a review of any other records that are available to the physician (e.g., police, military, school, or employment) and that may help to determine a history of harmful behavior related to a physical or mental disorder and to determine whether illnesses or disabilities are present that result in a substantial departure from a normal state of well-being or level of functioning.
- c. a review of systems sufficient to assist in determining the presence and the severity of Class A or Class B conditions. The physician should ask specifically about symptoms that suggest cardiovascular, pulmonary, musculoskeletal, and neuropsychiatric disorders. Symptoms suggestive of infection with any of the excludable communicable diseases (tuberculosis, HIV infection, syphilis, chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and Hansen's disease) should also be sought.

d. a physical examination, including an evaluation of mental status, sufficient to permit a determination of the presence and the severity of Class A and Class B conditions. The physical examination is to include

- 1) a mental status examination which includes, at a minimum, assessment of intelligence, thought, cognition (comprehension), judgment, affect (and mood), and behavior
- 2) a physical examination that includes, at a minimum, examination of the eyes, ears, nose and throat, extremities, heart, lungs, abdomen, lymph nodes, skin and external genitalia
- 3) all diagnostic tests required for the diagnosis of the diseases identified as communicable diseases of public health significance and other tests identified as necessary to confirm a suspected diagnosis of any other Class A or Class B condition

C. REFERRAL FOR FURTHER EVALUATION

In some instances the panel physician may be unable to make a definitive diagnosis or to determine whether a disease or disorder is a Class A or a Class B condition. In such instances, the panel physician must refer the alien for a medical or mental health evaluation that will provide sufficient information to resolve the uncertainties of either diagnosis or Class A or Class B designation. The panel physician remains responsible for completing and forwarding the medical report form to the consular officer. The report of the consulting physician, as received by the panel physician, must be included with the medical report form.

D. THE MEDICAL REPORT FORM

1. The medical report form is to be completed in English, typed or printed legibly, dated, and signed by the panel physician. Follow instructions of the consular officer regarding the number of copies of the medical form to be prepared and forwarded.
2. The results of required tests for tuberculosis must be entered in the appropriate spaces on the medical report form. Mark the box "not done", if these tests are not required.
3. Findings of physical and mental disorders should be entered in the "Remarks" section of the medical report form. The panel physician must include a statement of likely degree of disability and the need for extensive medical care or institutionalization for any Class B conditions identified during the examination.
4. Findings of drug abuse or addiction should be indicated in the "Remarks" section of the medical report form. The panel physician should indicate the specific drug that is/was being used and the last time it was used if the patient has discontinued its use.

NOTE: If an alien has been referred for further evaluation under the provisions of IIIA, B, C, or D, the medical report must not be completed and submitted to the consular officer until a definitive diagnosis (or a short list of likely diagnoses) and the presence or absence of a Class A or Class B condition has been established.

III. REQUIRED EVALUATIONS

A. COMMUNICABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE

1. Infectious Tuberculosis

a. overview - The panel physician, using a chest radiograph (or tuberculin skin test for persons under 15 years of age) will determine whether the applicant is infected with Mycobacterium tuberculosis, and if evidence of tuberculosis is found, whether the applicant is likely to transmit the infection to others. It is the likelihood of transmission rather than the presence of disease that determines whether an applicant is excludable.

b. Definitions

1) active tuberculosis - clinical, laboratory or radiologic evidence of a current disease process caused by M. tuberculosis (pulmonary or extrapulmonary). For purposes of this examination, only active tuberculosis that is in an infectious state (smear positive) is excludable.

2) infectious tuberculosis - tuberculosis that can be readily transmitted to others, as evidenced by an abnormal chest radiograph consistent with pulmonary tuberculosis and a sputum smear that is positive for acid-fast bacilli.

3) tuberculosis, noninfectious - presence of an abnormal chest radiograph consistent with pulmonary tuberculosis, and sputum smears, obtained on 3 consecutive days, that are negative for acid-fast bacilli, or evidence of extrapulmonary tuberculosis.

c. Required evaluation for tuberculosis (Table 1)

d. Reporting results of examination for tuberculosis (Table 2)

Table 1
Required Evaluation for Tuberculosis

| Procedure | Required for | Minimum requirement |
|-------------------|---|--|
| Review of History | All applicants | <ul style="list-style-type: none"> - Inquire about history of TB. - If applicant has a history of TB, obtain treatment records. |
| Chest radiograph | <p>All applicants 15 years of age or older</p> <p>Applicants less than 15 years of age whose skin test is positive (see acceptable.) below)</p> | <ul style="list-style-type: none"> - obtain old chest radiographs, if possible. - Chest x-ray film must be large enough to include entire chest (usually 14" X 17" or 36 X 43 cm)(Photofluorograms are not - Date of examination and applicant-s name must be on film. - Use lead shielding for women of childbearing age. - Pregnant women who are asymptomatic- may request that no chest radiograph be taken. Note this request on medical report form and advise applicant to obtain skin test after arrival in U.S. - When reading radiographs: <ul style="list-style-type: none"> - review all available radiographs; - describe radiographic abnormalities by location, and appearance; - indicate whether or not there has been any change over time (stable, worsening, improving); |

| | | |
|--------------------------|---|--|
| | | <ul style="list-style-type: none"> - state whether the abnormal findings are compatible with TB or another condition (see-appendix B). |
| Tuberculin skin test | Applicants less than 15 years of age who are suspected of having TB or who have a history of contact with known TB case | <ul style="list-style-type: none"> - Read at 48 - 72 hours. |
| Sputum smear examination | Any applicant with a chest radiograph suggestive of clinically active pulmonary TB | <ul style="list-style-type: none"> - Record mm induration on medical report form. - For this examination, any reaction (erythema or induration) is a positive test. - A chest radiograph is required for all applicants with positive skin tests. - Examine smears obtained on 3 consecutive days. - Collect sputum in a laboratory or a doctor's office, under direct supervision (no self collection of sputum is permitted). - Examine sputum smear in accordance with recommended procedures (see appendix C). |

* Pregnant women with symptoms suggestive of active TB must receive a chest radiograph. If the radiograph is compatible with active tuberculosis, sputum smears must be obtained.

** Applicants whose chest radiographs show only calcified granuloma, calcified primary complex, calcified lymph node, or fibrosis, scarring or pleural thickening, with no radiologic or clinical evidence of active tuberculosis are not required to have sputum smears.

Table 2
Reporting Results of Evaluation for Tuberculosis*

| Test Results | Record on Medical Report Form |
|---|---|
| Normal chest radiograph - (i.e., no parenchymal, pleural, or other intrathoracic abnormality) | Normal |
| Abnormal chest radiograph or series of chest radiographs suggestive of current pulmonary tuberculosis | Class A - Tuberculosis, infectious |
| and One or more positive sputum smear examinations for acid-fast bacilli | (Start recommended treatment [appendix D) or refer for treatment.) |
| Abnormal chest radiograph or series of chest Radiographs suggestive of active tuberculosis, and | Class A - Tuberculosis, Infectious, -Noncommunicable for travel purposes" |
| History of one or more sputum smears positive for acid-fast bacilli | (Continue recommended treatment and provide medication sufficient for travel plus 30 days.) |
| and Currently on recommended treatment | |
| and Sputum smears are negative for acid-fast bacilli on 3consecutive days | |
| Abnormal chest radiograph or series of chest radiographs suggestive of active tuberculosis and | Class B1 - Tuberculosis, clinically active, not infectious |
| Sputum smears are negative for acid-fast bacilli on 3 consecutive days | (Start recommended treatment if applicant is symptomatic |

Radiographic or other evidence of extrapulmonary tuberculosis, clinically active

[appendix DI or refer for further evaluation.) (Provide medication for travel plus 30 days.)

Class BI - Extrapulmonary tuberculosis, clinically active, not infectious (Start recommended treatment if clinically indicated [appendix DI or refer for evaluation.) (Provide medication for travel plus 30 days.)

Class B2 - Tuberculosis, not clinically active.

Abnormal chest radiograph or series of chest radiographs, suggestive of tuberculosis, (e.g., not clinically active fibrosis, scarring, pleural thickening, diaphragmatic *tenting*, blunting of costophrenic angles). (Sputum smears are not required.)

Abnormal chest radiograph or series of chest radiographs. Only abnormality is calcified hilar lymph node, calcified primary complex, or calcified granuloma (Sputum smears are not required.)

Class B3 - Consistent with tuberculosis, old or healed.

Abnormal chest radiograph not consistent with tuberculosis

Class B - other chest condition

*Applicants who have completed a recommended course of antituberculous therapy and whose chest radiographs are stable should be reported as Class B2 - tuberculosis, treatment completed.

2. Human Immunodeficiency Virus (HIV) Infection

a. Required Evaluation

All applicants 15 years of age or older must be tested for evidence of HIV infection.

Applicants under the age of 15 must be tested if there is reason to suspect HIV infection, (e.g., a child with hemophilia, or a child whose mother or father are HIV-positive.)

b. Tests for HIV Infection

Any accepted HIV antibody screening test (e.g., ELISA test or equivalent) may be used. If the initial test is positive or indeterminate, it should be repeated on the same serum specimen, and if still positive or indeterminate, a confirmatory test (Western Blot or equivalent) should be done on the same specimen before results are reported.

If the result of the Western blot is indeterminate or equivocal, another specimen, drawn at least 30 days later, should be retested. If the result of the second test is indeterminate the specimen should be sent to the nearest reference laboratory. The medical report should not be completed until the results from the reference laboratory are obtained.

The panel physician is responsible for identifying a qualified laboratory to perform HIV testing for those applicants he/she medically examines. The criteria that should be considered by the panel physician in selecting a laboratory to perform HIV testing procedures are listed in appendix E.

All HIV tests are to be done using materials (test kits or reagents) licensed by the U.S. Food and Drug Administration or by the equivalent licensing office in other countries.

HIV antibody tests are done on serum. Instructions for obtaining and transporting specimens to the laboratory are contained in appendix E.

c. Pre- and Post-test Counseling for HIV Infection

Before performing a blood test for HIV antibody, the applicant should be told the following:

"A blood test for antibody to the human immunodeficiency virus (HIV) is required as a part of your medical examination. HIV is the virus that causes the acquired immune deficiency syndrome (AIDS). AIDS is the name given to a group of illnesses that may occur in persons infected with HIV. Infection with HIV causes a defect in a person's natural immunity against disease. This defect leaves infected people vulnerable to serious illnesses that would not usually be a threat to anyone whose immune system was intact. This test is not to diagnose AIDS but to detect antibodies to the virus.

The results of your test will be provided to a consular officer. Also, it may be necessary to report results to the health authorities in this country.

A positive test result will mean that you may not be eligible to receive a visa. A positive test result could also have other local consequences on your day-to-day activities in this country."

The panel physician should advise an applicant who has tested positive for HIV infection (a positive test is considered to be a repeatedly positive antibody screening test such as an ELISA supported by a positive test result in a supplemental test such as the Western blot test or an equally reliable test) to return to his/her office to discuss the results of the tests and to provide initial counseling to the applicant.

The panel physician must provide basic information to those applicants who are HIV-positive and refer them for counseling and early medical intervention if these services are available. Important points the panel physician should cover include information about the test and the prognosis, and ways the person can protect others and him/herself.

d. Reporting Results of Tests for HIV Infection

Laboratories should report test results as negative, positive, or indeterminate. If a laboratory is screening for both HIV-1 and HIV-2, both results should be reviewed and reported.

Results of HIV tests are to be recorded on the medical report form as follows:

| Report from Laboratory | Record on Medical Report Form |
|--|-------------------------------------|
| Screening test (ELISA or equivalent) negative | HIV negative |
| Screening test repeatedly indeterminate or positive and confirmatory test positive | HIV positive - Class A condition |
| Screening test repeatedly indeterminate or positive and confirmatory test negative | HIV negative |
| Screening test repeatedly indeterminate or positive | Do not complete medical report form |

and confirmatory test
indeterminate

Repeat test in 30 days

Note to examining physician: If local laws/regulations require reporting of HIV-positive cases in your country, you must advise the applicant and ensure that case reports are filed with the appropriate public health authority.

3. Syphilis

a. Required Evaluation

All applicants 15 years of age or older must be tested for evidence of syphilis.

Applicants under the age of 15 must be tested if there is reason to suspect infection with syphilis.

b. Tests for Syphilis

A Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR) or equivalent test may be used for screening. Positive results on screening tests should be confirmed using a fluorescent treponemal antibody absorbed (FTA-Abs), TPHA, or other confirmatory test.

c. Reporting Results

The applicant must be treated using a standard treatment regimen (appendix F) before the medical report form is completed. Mark the results of testing and write medication, dose, and date of treatment on the medical report form.

Once the recommended treatment is completed, syphilis is no longer a Class A condition. It would be a Class B condition only if the applicant has some residual disability (e.g., an individual treated for neurosyphilis who has a residual neurologic abnormality).

4. Other sexually transmitted diseases (chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum)

a. Required Evaluation

The medical history and physical examination must include a search for symptoms or lesions consistent with chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum. Further testing should be done as necessary to confirm a suspected diagnosis.

b. Reporting Results

The applicant must be treated using a standard treatment regimen (appendix G) before the medical report form is completed. Mark the results of testing and write medication, dose, and date of treatment on the medical report form.

Once the recommended treatment is completed, chancroid, gonorrhea, granuloma inguinale, and lymphogranuloma venereum are neither Class A nor Class B conditions.

5. Hansen's Disease (Leprosy)

a. Required Evaluation

The medical history and physical examination must include a search for symptoms or lesions consistent with Hansen's disease. Further testing should be done as necessary to confirm the diagnosis.

b. Reporting Results

1) Lepromatous or borderline (dimorphous) form, confirmed by appropriate laboratory tests -Report as Class A condition on the medical report form.

The applicant should be started on recommended therapy (appendix H).

Once the applicant has completed 6 months of recommended therapy, with satisfactory clinical response, he/she may be considered to have a Class B condition. Details of treatment should be noted on the medical report form and the applicant should be provided with medication for use during travel (enough for at least 30 days of treatment).

2) Indeterminate or tuberculoid form - Report as a Class B condition on the medical report form.

The applicant should be started on recommended therapy (appendix H). Details of treatment should be noted on the medical report form and the applicant should be provided with medication for use during travel (enough for at least 30 days of treatment).

B. PHYSICAL AND MENTAL DISORDERS WITH ASSOCIATED HARMFUL BEHAVIOR

1. Overview - The panel physician, using the applicant's medical, social, and psychiatric history and an appropriate physical and mental status examination, will determine whether the applicant has

- a. a physical or mental disorder with associated harmful behavior; or
- b. a history of a physical or mental disorder with associated harmful behavior such that the same or a different harmful behavior is likely to occur in the future.

2. Definitions

- a. physical disorder - a currently accepted physical diagnosis, as evidenced by inclusion in the current *Manual of the International Classification of Diseases, injuries, and Causes of Death* (ICD-9 or subsequent revision), published by the World Health organization
- b. mental disorder - a currently accepted psychiatric disorder, as evidenced by inclusion in the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R or subsequent revision), published by the American Psychiatric Association
- c. harmful behavior - for purposes of this examination, a dangerous action or series of actions by the alien that has resulted in injury (psychological or physical) to the alien or another person, or that has threatened the health or safety of the alien or another person, or that has resulted in property damage

3. Required Evaluation - To evaluate an alien for evidence of harmful behavior or for physical and mental conditions that may result in harmful behavior, the examining physician must

- a. review the medical history, especially for evidence of hospitalization or institutionalization for psychiatric illness. Determine whether there is a history of harmful behavior, a diagnosis of a physical or mental disorder with which harmful behavior may be associated (Table 3) or in which harmful behavior is an element of the diagnostic criteria (Table 4), evidence of nonmedical use of psychoactive substances, or evidence of alcohol abuse or dependence.

Table 3

Mental Disorders - Major Diagnostic Categories

| | |
|---|---|
| Mental retardation | Personality disorders |
| Autistic disorders | Adult antisocial behavior |
| Organic mental disorders (dementias) | Conduct disorders |
| Schizophrenic, paranoid, and other psychotic disorders | Adjustment disorders |
| Delusional disorders | Sexual disorders |
| Mood disorders | Impulse control disorders |
| Dissociative disorders | Psychoactive substance use disorders other medical disorders |
| Anxiety-related disorders | Other medical disorders |
| Somatoform disorders | |

(based on Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R))

Table 4

Mental Disorders for which Harmful Behavior Is an Element of the Diagnostic Criteria

| Medical Condition | Associated Behavior Pattern |
|--|---|
| (1) Antisocial personality disorder | Harmful behavior necessary to establish the diagnosis |
| (2) Impulse control disorders not elsewhere classified | Harmful behavior necessary to establish the diagnosis |
| pathological gambling | |
| kleptomania | |
| pyromania | |
| intermittent explosive disorder | |
| impulse control disorder not otherwise specified | |
| (3) Paraphilias which involve behaviors that harm or intimidate others | Harmful behavior necessary to establish the diagnosis |
| exhibitionism | |
| pedophilia | |
| sexual masochism | |
| sexual sadism | |
| zoophilia | |
| voyeurism | |
| some atypical paraphilias (e.g., frotteurism, telephone scatologia) | |

| | |
|---|--|
| (4) Conduct disorders solitary aggressive type oppositional defiant disorder other types | Behavior necessary to establish the diagnosis If history of serious violation of rights of others or property (e.g., stealing, fire setting) |
| (5) Mood disorders bipolar disorders depressive disorders | E.g., in the course of the illness has assaulted others when manic or attempted suicide when depressed E.g., in the course of the illness has attempted suicide; has harmed or neglected children when depressed |
| (6) Schizophrenic disorders Paranoid disorders Psychotic disorders not elsewhere classified | E.g., in the course of the illness has engaged in thievery or destruction of property; harmed children |
| (7) Alcohol dependence (alcoholism) or Alcohol abuse | Behavior necessary to establish the diagnosis |
| (8) Psychoactive substance disorders (drug abuse) | Behavior necessary to establish the diagnosis |
| (9) Other physical or mental disorders which, in relation to the symptoms of the disorder or its treatment, limit physical attentional or cognitive capacity to perform certain tasks or are otherwise associated with behaviors not controllable by the person (e.g., partial complex seizure disorders) drive a motor vehicle until involved in a serious | E.g., in the course of the illness has assaulted others; has engaged in tanks in which the limitation in capacity has resulted in harm to others, self, or property (e.g., person with transient ischemic attacks or arrhythmia with consistent loss of consciousness has continued to or fatal accident). |

b. review other records (e.g., police, military, school or employment). Determine whether there is a history of harmful behavior related to a physical or mental disorder and whether there is evidence of the nonmedical use of psychoactive substances or evidence of alcohol abuse or dependence

c. interview the alien and, when practical and clinically relevant, the alien's family. Inquire specifically about psychiatric illnesses, psychoactive drug and alcohol abuse, and history of associated harmful behavior, as this information may not be included in medical records

d. perform a physical examination that includes an assessment of mental status. The mental status examination must include an evaluation of the applicant's intelligence, thinking, cognition (comprehension), judgment, affect (and mood), and behavior

4. Reporting results of the evaluation for mental and physical disorders with harmful behavior (Table 5).

a. After completing this portion of the visa examination, the panel physician must summarize the results of the evaluation for mental and physical conditions with associated harmful behavior (Table 5) and complete the appropriate section of the medical report form. Diagnoses should conform to the current ICD or DSM classifications. If additional information regarding treatment or prognosis is available, attach additional reports to the medical report form.

b. For all Class B conditions, the physician is to determine whether the mental or physical disorder is likely to result in the applicant's being unable to care for himself or herself, or that the

applicant will require extensive medical care or institutionalization; the physician then completes the last section of the medical report form.

- c. If the applicant is referred for further evaluation, the medical report should not be completed until the consultant's report is available. A copy of the consultant's report should be attached to the medical report form.

I. Table 5

Reporting Results of the Evaluation for Mental and Physical Disorders with Associated Harmful Behavior*

| Findings | Record on Medical Report Form |
|--|---|
| No current evidence of physical or mental Disorder | No Class A or Class B condition |
| No history of physical or mental disorder and no history of harmful behavior | |
| Mental shortcomings due solely to lack of education and no harmful behavior | No Class A or Class E condition |
| Mental condition, with or without harmful behavior, attributable to remediable physical causes; or temporary--caused by a toxin, medically prescribed drug, or | (Treat underlying condition or refer for treatment; complete medical report form after reevaluation.) |
| History of physical or mental disorder and history of associated harmful behavior that Physical or mental disorder not currently present and harmful behavior not likely to recur ** | No Class A or Class B condition (Report diagnosis and reason(s) for judging harmful behavior will not recur.) |
| Current evidence of a physical or mental disorder and associated harmful behavior or history of associated harmful behavior | Class A condition (Report diagnosis and description of harmful behavior.) Class A condition |
| History of physical or mental disorder and history of associated harmful behavior, and harmful behavior likely to recur | (Report diagnosis, description of harmful behavior, and reason(s) for judging that harmful behavior is likely to recur.) Class B condition |
| Current evidence of a physical or mental disorder but no history of associated harmful behavior | (Report diagnosis.) Class B condition |
| History of physical or mental disorder and history of associated harmful behavior | (Report diagnosis, description of harmful behavior and reason(s) for judging that behavior is not likely to recur.) |
| Physical or mental condition controlled by medication or in remission.*** No currently associated harmful behavior, and behavior judged not likely to recur.**** | |

*Includes alcohol abuse/dependence, which, under the new law, is to be considered as any other mental or physical disorder with associated harmful behavior.

**e.g., an otherwise normal person with a history of a physical or mental disorder and associated harmful behavior that is unlikely to recur (e.g., suicide attempt during reactive depression over the death of a spouse, and the person is no longer considered a suicidal risk).

an alien with a history of harmful behavior due to a disorder or condition that continues but that has been managed with medication (e.g., person who has a manic-depressive illness that is treated with lithium) or that is in remission.

****The behavior can be judged not likely to recur if the alien is able to demonstrate that the disorder is in remission, remission being defined as no pattern of the behavioral element of the disorder for the past 2 years (5 years in the case of antisocial personality disorder, impulse control disorders not otherwise classified, paraphilias that involve behaviors that threaten others, and conduct disorders); or the alien's condition is controlled by medication and the alien certifies in writing that he or she will continue medication or other treatment to control the disorder and prevent harmful behavior.

C. PSYCHOACTIVE SUBSTANCE ABUSE

1. overview - The physician will, by interviewing and examining the applicant and by reviewing records, determine whether the applicant is currently engaging in or has a history of engaging in the nonmedical use of any psychoactive substance.

Definitions

a. Psychoactive substance abuse/dependence - as used here, includes 2 groups:

1) Nonmedical users of drugs listed in section 202 of the Controlled Substances Act (appendix A). Nonmedical use of any drug listed in section 202 of the Controlled Substances Act is illegal and qualifies as a Class A condition, whether or not harmful behavior is documented.

2) Nonmedical users of drugs not listed in section 202 of the Controlled Substances Act, abusers of alcohol, inhalants, or other psychoactive agents with resultant harmful or dysfunctional behavior patterns (see current Diagnostic and Statistical Manual of Mental Disorders) or physical disorders (see current Manual of the Xnternational Classification of Diseases, Injuries, and Causes of *Death*). *Determination* of Class A or Class B status is the same as that of any other mental or physical condition.

b. Remission - no nonmedical use of a drug listed in section 202 of the Controlled Substances Act for 3 or more years, or no nonmedical use of any other psychoactive substance for 2 or more years.

c. Nonmedical use - is considered to be more than experimentation with the substance (e.g., a single use of marihuana or other non-prescribed psychoactive substances, such as amphetamines or barbiturates). When a clinical question is raised as to whether the use was experimental or part of a pattern of abuse, a physician with experience in the medical evaluation of substance abusers should be consulted to assist in making this determination.

3. Required Evaluation - The record review and physical examination of each alien must include an inquiry for evidence of current or past psychoactive substance abuse, including alcohol abuse/dependence. If a history or physical evidence of psychoactive substance use is elicited, the physician must attempt to

a. identify the psychoactive substance(s)

b. determine whether the psychoactive substance is being prescribed by a physician as part of the management of a diagnosed physical or mental disorder

c. determine whether the psychoactive substance is listed in section 202 of the Controlled Substances Act (appendix A). Classes of commonly abused drugs listed in section 202 are
amphetamines and related substances
cannabinoids
cocaine and related substances

hallucinogens
opioids and related substances
phencyclidine (PCP) and related substances
sedative, hypnotic, or anxiolytic substances
(tranquilizers)

d. If it is determined that the applicant is using or has used a psychoactive substance, the physician must

- 1) determine whether the applicant is currently using or has used the psychoactive substance in the last 3 years (for substances listed in section 202 of the Controlled Substances Act), or in the last 2 years (for other psychoactive substances)
- 2) determine whether there is a history or current evidence of harmful behavior, dysfunctional behavior, or physical disease related to the psychoactive substance use

4. Reporting of Results (Table 6)

Table 6
Reporting Results of Evaluation for Psychoactive Substance Abuse

| Findings | Record on Medical Report Form |
|--|---|
| Current nonmedical use or use within the last 3 years of a substance listed in section 202 of the controlled Substances Act | Class A condition |
| History of nonmedical use of a substance listed in section 202 of the Controlled Substances Act | List substance(s) used. Class B condition |
| | Note whether dysfunctional behavior or associated |
| No use in last 3 years physical disorder is present. | |
| Current abuse or abuse within the last 2 years of a psychoactive substance other than those listed in section 202 of the Controlled Substances Act | Class A condition |
| History of abuse of a psychoactive substance other than those listed in section 202 of the Controlled Substances act | List substance(s) used. Class B condition |
| No use in the last 2 Years | Note whether dysfunctional behavior or associated physical disorder is present. |

D. OTHER PHYSICAL OR MENTAL ABNORMALITY, DISEASE, OR DISABILITY

1. Required Evaluation - After completing the required evaluations for communicable diseases of public health significance, for physical and mental disorders that may result in harmful behavior, and for psychoactive substance abuse, the physician must consider any other findings in the history or physical examination that constitute a substantial departure from normal health or well-being, and must complete any diagnostic procedures necessary to determine

- a. the likely diagnosis
- b. whether the disorder will affect the alien's ability to care for himself or herself, attend school, hold a job, or engage in other age appropriate activities
- c. whether rehabilitation or special training will be required
- d. whether the applicant is likely to require extensive medical care or institutionalization after arrival in the United States.

2. Reporting of Results - The panel physician should provide additional information about each of the Class B conditions in the "Remarks" section of the medical report form. For each condition identified, the panel physician should

- a. estimate the severity of impairment as mild, moderate, or severe
- b. if possible, estimate the likely outcome of rehabilitation as minimal, partial, or full recovery of function
- c. predict the need for hospital or institutional care beyond that expected for a person of the applicant's age (i.e., normal need for increased medical care in the elderly should not be considered)

If the panel physician identifies a physical or mental abnormality but is unable to make a diagnosis, assess the potential for harmful behavior, estimate the severity of impairment, or determine the potential for rehabilitation, the applicant should be referred for diagnostic evaluation. Completion of the medical report should be deferred until the evaluation is complete.

**The following is cover letter dated July 13, 1992 which was sent to Panel Physicians indicating changes made to Technical Instructions for Medical Examination Of Aliens, June 1991. These changes have been incorporated in the attached preceding copy of the technical instructions.

Dear Panel Physician:

On June 12, 1992, the Centers for Disease Control distributed the new Technical Instructions for Medical Examination of Aliens (Tis) to panel physicians through the U.S. Embassies and Consulates. In our cover letter to panel physicians, we asked that you provide us with any comments you may have after implementing the instructions. We received comments from many panel physicians, and we have made appropriate changes based on those comments. Please substitute the enclosed pages in your TIs and make the necessary pen-and-ink changes where indicated.

Pages Enclosed

Pages 111-1-2, 111-3-4, 111-13-14, 111-15-16, and A-22-23.

Pages Superseded

Pages 111-2, 111-3, 111-14, 111-15-16, and A-22.

Explanation of Changes on Enclosed Pages

On page 111-2, the second block on Table 1 has been modified. Pregnant women who request that no chest radiograph be taken must be asymptomatic for tuberculosis. If they are symptomatic for active pulmonary tuberculosis they must receive a chest radiograph. If the radiograph is compatible with active tuberculosis, sputum smears must be obtained. If the applicant continues to refuse the radiograph completion of the medical examination must be deferred until after delivery. The medical examination form cannot be completed.

Under when reading radiographs the following additional note has been inserted: A indicate whether or not there has been any change over time (stable, worsening, improving);

On page 111-3, the last 2 blocks on Table 2 have been changed and a new block has been inserted. Applicants with abnormal chest radiographs that are consistent with old or healed tuberculosis, e.g., calcified hilar nodes, calcified primary complex or calcified granuloma) should be classified as Class B3. Sputum smears are not required. For applicants diagnosed with Class B tuberculosis, it is important that you specify the appropriate category, i.e., Class B1, B2, or B3 on the medical examination form. This

classification system assists local health departments in the United States to establish priorities for follow up evaluations on newly arrived persons.

On page III-14, paragraph b, the 5 year requirement to demonstrate remission from addiction or abuse of drugs listed in section 202 of the Controlled Substances Act has been lowered to 3 years.

On page III-14, paragraph c has been added. The added definition, experimentation, will allow examining physicians to use their clinical judgement and/or seek consultation when facing a situation where an applicant's medical history indicates past nonmedical use of a psychoactive substance.

On page III-15, paragraph d. 1), the 5-year requirement to demonstrate remission from addiction or abuse of drugs listed in section 202 of the Controlled Substances Act has been lowered to 3 years.

On page III-16, the change for demonstrated remission from 5 years to 3 years for addiction or abuse of drugs listed in section 202 of the Controlled Substances Act is reflected in Table 6.

On page A-22, the paragraph on Infectious Pulmonary Tuberculosis has been modified to indicate that travel may not commence until sputum smears are negative on three consecutive days.

Pen-and-Ink Changes

Please make the following pen-and-ink changes in your copy of the
Technical Instructions for Medical Examination of Aliens:

Page II-3 - D.1, under THE MEDICAL REPORT FORM, strike the second sentence Four copies of the medical report must be submitted to the consular office and insert the following: Follow instructions of the consular officer regarding the number of copies of the medical form to be prepared and forwarded.

Page III-1 - under a. overview - strike (or tuberculin skin test for persons 15 years of age or younger) and insert Nor tuberculin skin test for persons under 15 years of age) Page III-5 - The first sentence of the third paragraph reads: A positive test will result mean that you will not be eligible to receive a visa. The word will should be changed to may.